

HANDICAPPED

UNITED STATES
HOLOCAUST
MEMORIAL
MUSEUM



VICTIMS OF THE NAZI
1933-19

Soon after Hitler took power, the Nazis formulated policy based on their vision of a biologically “pure” population, to create an “Aryan master race.” The “Law for the Prevention of Progeny with Hereditary Diseases,” proclaimed July 14, 1933, forced the sterilization of all persons who suffered from diseases considered hereditary, such as mental illness (schizophrenia and manic depression), retardation (“congenital feeble-mindedness”), physical deformity, epilepsy, blindness, deafness, and severe alcoholism.

THE MENTALLY AND PHYSICALLY HANDICAPPED: VICTIMS OF THE NAZI ERA

FORCED STERILIZATIONS

The “Sterilization Law” explained the importance of weeding out so-called genetic defects from the total German gene pool:

Since the National Revolution public opinion has become increasingly preoccupied with questions of demographic policy and the continuing decline in the birthrate. However, it is not only the decline in population which is a cause for serious concern but equally the increasingly evident genetic composition of our people. Whereas the hereditarily healthy families have for the most part adopted a policy of having only one or two children, countless numbers of inferiors and those suffering from hereditary conditions are reproducing unre-

strainedly while their sick and asocial offspring burden the community.

Some scientists and physicians opposed the involuntary aspect of the law while others pointed to possible flaws. But the designation of specific conditions as inherited, and the desire to eliminate such illnesses or handicaps from the population, generally reflected the scientific and medical thinking of the day in Germany and elsewhere.

Nazi Germany was not the first or only country to sterilize people considered “abnormal.” Before Hitler, the United States led the world in forced sterilizations. Between 1907 and 1939, more than 30,000 people in twenty-nine states were sterilized, many of them unknowingly or against their

will, while they were incarcerated in prisons or institutions for the mentally ill. Nearly half the operations were carried out in California. Advocates of sterilization policies in both Germany and the United States were influenced by eugenics. This socio-biological theory took Charles Darwin's principle of natural selection and applied it to society. Eugenicists believed the human race could be improved by controlled breeding.

Still, no nation carried sterilization as far as Hitler's Germany. The forced sterilizations began in January 1934, and altogether an estimated 300,000 to 400,000 people were sterilized under the law. A diagnosis of "feeble-mindedness" provided the grounds in the majority of cases, followed by schizophrenia and epilepsy. The usual method of

sterilization was vasectomy and ligation of ovarian tubes of women. Irradiation (x-rays or radium) was used in a small number of cases. Several thousand people died as a result of the operations, women disproportionately because of the greater risks of tubal ligation.

Most of the persons targeted by the law were patients in mental hospitals and other institutions. The majority of those sterilized were between the ages of twenty and forty, about equally divided between men and women. Most were "Aryan" Germans. The "Sterilization Law" did not target so-called racial groups, such as Jews and Gypsies, although Gypsies were sterilized as deviant "asocials," as were some homosexuals. Also, about 500 teenagers of mixed African and German parentage (the offspring

In 1934 this 19-year-old shop clerk, identified only as "Gerda D.," was diagnosed as schizophrenic and sterilized at the Moabite Hospital. In 1939 she was repeatedly refused a marriage certificate because of her sterilization.



Karl-Bonhoeffer-Nervenlinik, Berlin, Germany.

T-4 MEDICAL QUESTIONNAIRE

Questionnaire I

Case no.....

Name of Institution:.....in:

First and family name of patient.....maiden name

Date of birth:City:District:

Last Residence:District:

Unmarr., marr., wid., div.: Relig:Race^aNatly:

Address of nearest relative:

Regular visits and by whom (address):

Guardian or Care-Giver (name, address):

Cost-bearer:How long in this inst.:

In other Institutions, when and how long:

How long sick:From where and when transferred:

Twin yes/noMentally ill blood relatives:

Diagnosis:

Primary symptoms:

Mainly bedridden? yes/noVery restless yes/noConfined yes/no

Incurable phys. illness: yes/noWar casualty: yes/no

For schizophrenia: Recent caseFinal stagegood remission

For retardation: Debility:Imbecile:Idiot:

For epilepsy: Psych. changesAverage freq. of attacks

For senile disorders: Very confusedSoils self

Therapy (Insulin, Cardiazol, Malaria, Salvarsan, etc.): Lasting effects: yes/no

Referred on the basis of §51, §42b Crim. Code, etc. By

Crime:Earlier criminal acts:

Type of Occupation: (Most exact description of work and productivity, e.g. Fieldwork, does not do much.—Locksmith's shop, good skilled worker.—No vague answers, such as housework, rather precise: cleaning room, etc.. Always indicate also, whether constantly, frequently or only occasionally occupied)

Release expected soon:

Remarks:

Do not mark in this Space.

Place, Date

.....

(Signature of medical director or his representative)

^aGerman or related blood (German-blooded), Jew, Jewish Mischling [half-blood] 1st or 2nd degree, Negro (Mischling), Gypsy (Mischling), etc.

Translated in Robert J. Lifton, The Nazi Doctors: Medical Killing and the Psychology of Genocide (New York, 1986), pp. 68–69.

Completed by physicians, this questionnaire (left) was used by other "assessor" physicians to select patients who were killed in the "euthanasia" program.

of French colonial troops stationed in the Rhineland in the early 1920s) were sterilized because of their race, by secret order, outside the provisions of the law.

Although the "Sterilization Law" sometimes functioned arbitrarily, the semblance of legality underpinning it was important to the Nazi regime. More than 200 Hereditary Health Courts were set up across Germany and later, annexed territories. Each was made up of two physicians and one district judge. Doctors were required to register with these courts every known case of hereditary illness. Appeals courts were also established, but few decisions were ever reversed. Exemptions were sometimes given artists or other talented persons afflicted with mental illnesses. The "Sterilization Law" was followed by the Marriage

Law of 1935, which required for all marriages proof that any offspring from the union would not be afflicted with a disabling hereditary disease.

Only the Roman Catholic Church, for doctrinal reasons, opposed the sterilization program consistently; most German Protestant Churches accepted and often cooperated with the policy. Popular films such as *Das Erbe* ("Inheritance") helped build public support for government policies by stigmatizing the mentally ill and the handicapped and highlighting the costs of care. School mathematics books posed such questions as: "The construction of a lunatic asylum costs 6 million marks. How many houses at 15,000 marks each could have been built for that amount?"

"EUTHANASIA" KILLINGS

Forced sterilization in Germany was the forerunner

of the systematic killing of the mentally ill and the handicapped. In October 1939, Hitler himself initialed a decree which empowered physicians to grant a “mercy death” to “patients considered incurable according to the best available human judgment of their state of health.” The intent of the so-called “euthanasia” program, however, was not to relieve the suffering of the chronically ill. The Nazi regime used the term as a euphemism: its aim was to exterminate the mentally ill and the handicapped, thus “cleansing” the Aryan race of persons considered genetically defective and a financial burden to society.

The idea of killing the incurably ill was posed well before 1939. In the 1920s, debate on this issue centered on a book co-authored by Alfred Hoche, a noted psychiatrist, and

Karl Binding, a prominent scholar of criminal law. They argued that economic savings justified the killing of “useless lives” (“idiots” and “congenitally crippled”). Economic deprivation during World War I provided the context for this idea. During the war, patients in asylums had ranked low on the list for rationing of food and medical supplies, and as a result, many died from starvation or disease. More generally, the war undermined the value attached to individual life and, combined with Germany’s humiliating defeat, led many nationalists to consider ways to regenerate the nation as a whole at the expense of individual rights.

In 1935 Hitler stated privately that “in the event of war, [he] would take up the question of euthanasia and enforce it” because “such a problem would be

This story (right) is told on one of the Museum ID cards distributed to visitors entering the permanent exhibition.

HELENE LEBEL, T-4 VICTIM

Helene Lebel, raised as a Catholic in Vienna, Austria, first showed signs of mental illness when she was nineteen. Her condition worsened until she had to give up her law studies and



her job as a legal secretary. In 1936 she was diagnosed as a schizophrenic and was placed in Vienna's Steinhof Psychiatric Hospital. Two years later, Germany annexed Austria. Helene's condition had improved at Steinhof, and her parents were led to believe that she would soon be moved to a hospital in a nearby town. In fact, Helene was transferred to a former prison in Brandenburg, Germany. There she was

undressed, subjected to a physical examination, and then led into a "shower room," where she was killed with a deadly gas.

H A N D I C A P P E D ~ V I C T I M S O F



*The Hadamar
"euthanasia" center.
In all likelihood the
smoke is from the
crematoria. Hadamar,
Germany, 1941.*

T H E N A Z I E R A ~ 1 9 3 3 - 1 9 4 5

Buses operated by the T4 transport company Gekrat, which conveyed victims to the "euthanasia" centers. Wiesbaden, Germany, 1941.



War crimes investigators question a nurse about the mass killings at the Hadamar "euthanasia" center. Hadamar, Germany, May 4, 1945.



(Top) Hessisches Hauptstaatsarchiv, Wiesbaden, Germany. (Bottom) National Archives, Washington, D.C.

ESTIMATED SAVINGS FROM T-4 PROGRAM

On the assumption that the level of nutrition of the inmates of asylums will remain the same as at present even after the end of the war, the savings in foodstuffs in the case of 70,273 disinfected persons with an average life expectancy of ten years would be as follows:

Type of foodstuff	Kg.
Potatoes	189,737,160
Meat and sausage products	13,492,440
Bread	59,029,320
Flour	12,649,200
Butter	4,216,440
Butter fat	421,680
Margarine	3,794,760
Bacon	531,240
Quark	1,054,080
Cheese	1,054,080
Special Foods	1,686,600
Pastry Products	1,475,766
Sago, etc.	421,608
Coffee substitute	3,373,080
Jam	5,902,920
Sugar	7,589,520
Eggs ————— 33,731,040 items	
Vegetables	88,544,040
Pulses	4,216,440
Salt and spice substitutes	1,054,080
Total	400,244,520 kg
	=141,775,573.80RM

On the basis of an average daily cost [per patient] of RM 3.50 there will be:

1. a daily saving of RM 245,955.50
2. a yearly saving of RM 88,543,980.00
3. with a life expectancy of ten years 885,439,800.00

in words: eight hundred and eighty-five million four hundred and thirty-five thousand and eight hundred Reich marks

i.e. this sum will be or has been saved up to 1 September 1941 through the disinfection of 70,273 persons carried out so far.

From J. Noakes and G. Pridham, *Nazism: A History in Documents and Eyewitness Accounts, 1919–1945* (New York, 1988), Vol. 2, pp. 1042–43.

more easily solved” during wartime. War would provide both a cover for killing and a pretext—hospital beds and medical personnel would be freed up for the war effort. The upheaval of war and the diminished value of human life during wartime would also, Hitler believed, mute expected opposition. To make the connection to the war explicit, Hitler’s decree was backdated to September 1, 1939, the day Germany invaded Poland.

Fearful of public reaction, the Nazi regime never proposed a formal “euthanasia” law. Unlike the forced sterilizations, the killing of patients in mental asylums and other institutions was carried out in secrecy. The code name was “Operation T4,” a reference to Tiergartenstrasse 4, the address of the Berlin Chancellery offices where the pro-

gram was headquartered.

Physicians, the most highly Nazified professional group in Germany, were key to the success of “T-4,” since they organized and carried out nearly all aspects of the operation. One of Hitler’s personal physicians, Dr. Karl Brandt, headed the program, along with Hitler’s Chancellery chief, Philip Bouhler. T4 targeted adult patients in all government- or church-run sanatoria and nursing homes. These institutions were instructed by the Interior Ministry to complete questionnaires about the state of health and capacity for work of all their patients, ostensibly as part of a statistical survey.

The completed forms were, in turn, sent to expert “assessors” — physicians, usually psychiatrists, who made up “review commissions.” They marked each name with a “+,” in red

Dr. Eduard Brandt, a T-4 statistician, worked out the savings in foodstuffs and money realized from the “disinfection” (murder) of 70,273 “useless mouths” (persons) in the T-4 program (left).

pencil, meaning death, or a “–” in blue pencil, meaning life, or “?” for cases needing additional assessment. These medical experts rarely examined any of the patients and made their decisions from the questionnaires alone. At every step, the medical authorities involved were usually expected to quickly process large numbers of forms.

The doomed were bused to killing centers in Germany and Austria — walled-in fortresses, mostly former psychiatric hospitals, castles and a former prison — at Hartheim, Sonnenstein, Grafeneck, Bernburg, Hadamar, and Brandenburg. In the beginning, patients were killed by lethal injection. But by 1940, Hitler, on the advice of Dr. Werner Heyde, suggested that carbon monoxide gas be used as the preferred method of killing. Experimental

gassings had first been carried out at Brandenburg Prison in 1939. There, gas chambers were disguised as showers complete with fake nozzles in order to deceive victims — prototypes of the killing centers’ facilities built in occupied Poland later in the war.

Again, following procedures that would later be instituted in the extermination camps, workers removed the corpses from the chambers, extracted gold teeth, then burned large numbers of bodies together in crematoria. Urns filled with ashes were prepared in the event the family of the deceased requested the remains. Physicians using fake names prepared death certificates falsifying the cause of death, and sent letters of condolences to relatives.

Bishop of Münster, Clemens August Count von Galen, protested the T-4 killings in a sermon August 13, 1941 (right). Thousands of copies were printed and circulated. Galen was not punished because Hitler did not want to clash openly with the Catholic Church.

BISHOP OF MÜNSTER PROTESTS KILLINGS

Never under any circumstances may a human being kill an innocent person apart from war and legitimate self-defense. If you establish and apply the principle that you can kill 'unproductive' fellow human beings then woe betide us all when we become old and frail!... woe betide loyal soldiers who return to the homeland seriously disabled, as cripples, as invalids. If it is once accepted that people have the right to kill 'unproductive' fellow humans—and even if it only initially affects the poor defenseless mentally ill—then as a matter of principle murder is permitted for all unproductive people....

Then, it is only necessary for some secret edict to order that the method developed for the mentally ill should be extended to other 'unproductive' people, that it should be applied to those suffering from incurable lung disease, to the elderly who are frail or invalids, to the severely disabled soldiers. Then none of our lives will be safe any more. Some commission can put us on the list of the 'unproductive', who in their opinion have become worthless life. And no police force will protect us and no court will investigate our murder and give the murderer the punishment he deserves. Who will be able to trust his physician any more? He may report his patient as 'unproductive' and receive instructions to kill him. It is impossible to imagine the degree of moral depravity, of general mistrust that would then spread even through families if this dreadful doctrine is tolerated, accepted and followed. Woe to mankind, woe to our German nation if God's holy commandment 'Thou shalt not kill', which God proclaimed on Mount Sinai amidst thunder and lightning, which God our Creator inscribed in the conscience of mankind from the very beginning, is not only broken, but if this transgression is actually tolerated and permitted to go unpunished.

From Burleigh and Wiperman, The Racial State: Germany, 1933–1945 (New York, 1991), pp. 152–53.



Karl-Bonhoeffer-Nervenlinik, Berlin, Germany.

A physician displaying a patient at the Karl-Bonhoeffer psychiatric clinic. Berlin, Germany.

Meticulous records discovered after the war documented 70,273 deaths by gassing at the six “euthanasia” centers between January 1940 and August 1941. (This total included up to 5,000 Jews; all Jewish mental patients were killed regardless of their ability to work or the seriousness of their illness.) A detailed report also recorded the estimated savings from the killing of institutionalized patients.

The secrecy surrounding the T-4 program broke down quickly. Some staff members were indiscreet while drinking in local pubs after work. Despite precautions, errors were made: hairpins turned up in urns sent to relatives of male victims; the cause of death was listed as appendicitis when the patient had the appendix removed years before. The town of Hadamar school pupils

called the gray transport buses “killing crates” and threatened each other with the taunt, “You’ll end up in the Hadamar ovens!” The thick smoke from the incinerator was said to be visible every day over Hadamar (where, in mid-summer 1941, the staff celebrated the cremation of their 10,000th patient with beer and wine served in the crematorium).

A handful of church leaders, notably the Bishop of Münster, Clemens August Count von Galen, local judges, and parents of victims protested the killings. One judge, Lothar Kreyssig, instituted criminal proceedings against Bouhler for murder; Kreyssig was prematurely retired. A few physicians protested. Karl Bonhöffer, a leading psychiatrist, and his son Dietrich, a Protestant minister who actively opposed the regime, urged church groups to pres-

sure church-run institutions not to release their patients to T-4 authorities.

In response to such pressures, Hitler ordered a halt to Operation T4 on August 24, 1941. Gas chambers from some of the euthanasia killing centers were dismantled and shipped to extermination camps in occupied Poland. In late 1941 and 1942, they were rebuilt and used for the “final solution to the Jewish question.” Similarly redeployed from T-4 were future extermination camp commandants Christian Wirth, Franz Stangl, Franz Reichleitner, the doctor Irmfried Eberl, as well as about 100 others — doctors, male nurses, and clerks, who applied their skills in Treblinka, Belzec, and Sobibor.

The “euthanasia” killings continued, however, under a different, decentralized form. Hitler’s regime continued to

send to physicians and the general public the message that mental patients were “useless eaters” and “life unworthy of life.” In 1941, the film *Ich klage an* (“I accuse”) in which a professor kills his incurably ill wife, was viewed by 18 million people. Doctors were encouraged to decide on their own who should live or die. Killing became part of hospital routine as infants, children, and adults were put to death by starvation, poisoning, and injections. Killings even continued in some of Germany’s mental asylums, such as Kaufbeuren, weeks after Allied troops had occupied surrounding areas.

Between the middle of 1941 and the winter of 1944–45, in a program known under code “14f13,” experienced psychiatrists from the T-4 operation were sent to concentration camps to weed

out prisoners too ill to work. After superficial medical screenings, designated inmates — Jews, Gypsies, Russians, Poles, Germans, and others — were sent to those euthanasia centers where gas chambers still had not been dismantled, at Bernburg and Hartheim, where they were gassed. At least 20,000 people are believed to have died under the 14f13 program.

Outside of Germany, thousands of mental patients in the occupied territories of Poland, Russia, and East Prussia were also killed by the *Einsatzgruppen* squads (SS and special police units) that followed in the wake of the invading German army. Between September 29 and November 1, 1939, these units shot about 3,700 mental patients in asylums in the region of Bromberg, Poland. In December 1939 and January 1940, SS units

gassed 1,558 patients from Polish asylums in specially adapted gas vans, in order to make room for military and SS barracks. Although regular army units did not officially participate in such “cleansing” actions as general policy, some instances of their involvement have been documented.

In all, between 200,000 and 250,000 mentally and physically handicapped persons were murdered from 1939 to 1945 under the T-4 and other “euthanasia” programs. The magnitude of these crimes and the extent to which they prefigured the “final solution” continue to be studied. Further, in an age of genetic engineering and renewed controversy over mercy killings of the incurably ill, ethical and moral issues of concern to physicians, scientists, and lay persons alike remain vital.

FOR FURTHER INFORMATION

VISIT THE PERMANENT EXHIBITION

The "Science" of Race (4th floor): eleven eugenics books; slides used to depict racial types and physical deformities; anthropologists' tools for measuring skulls and noses from Ulm, Germany

The Murder of the Handicapped (4th floor): body, hand, and wrist restraints and leather gloves used in the Bernburg Psychiatric Hospital in Germany; a hospital bed and blanket, doctor's coat, syringes, and other medical instruments used in the Psychiatric Asylum and Hospital in Schwerin, Germany

The Killers (2nd floor): photos of medical trials on video monitor

VISIT THE WEXNER LEARNING CENTER (2nd floor)

From the MENU choose TOPIC LIST. From the alphabetical list of topics choose "Racism: The Use of Nazi Racial Theory." Touch "Nazi Euthanasia Program" to learn more about the euthanasia program.

From the MENU choose ID CARD. Type in the following numbers to read stories of victims of the euthanasia program: 6187, 1823.

MUSEUM HOLDINGS

LIBRARY

Many scholarly works published in the last ten years on race hygiene, forced sterilization, and the euthanasia program.

COLLECTIONS

A number of documents related to forced sterilizations.

Audiotape of the sister of a euthanasia victim.

Videotape of an individual rescued by his mother.

Photographs depicting the handicapped in medical custody and of some of the euthanasia institutes and T-4 staff.

RECOMMENDED READING

Burleigh, Michael, and Wolfgang Wipperman. *The Racial State: Germany, 1933–1945* (London, 1991).

Gallagher, Hugh G. *By Trust Betrayed: Patients, Physicians, and the License to Kill in the Third Reich* (New York, 1990).

Lifton, Robert J. *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (New York, 1986).

Müller-Hill, Benno. *Murderous Science: Elimination by Scientific Selection of Jews, Gypsies and Others; Germany 1933–1945* (Oxford, 1988).

Proctor, Robert. *Racial Hygiene: Medicine under the Nazis* (Cambridge, MA, 1988).

Pross, Christian, and Götz Aly. *The Value of the Human Being: Medicine in Germany, 1918–1945* (Berlin, 1991).

Weindling, Paul. *Health, Race and German Politics between National Unification and Nazism 1870–1945* (Cambridge, England, 1989).



United States Holocaust Memorial Museum
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